STATE OF NEVADA Department of Business and Industry Division of Industrial Relations

Summary of Premium Earned and Claims Expenditures

Workers' Compensation Premiums Earned And Workers Compensation Claims Expenditures January 1, 2015 – June 30, 2015

(1) * Insurer: «DBA» Earned Premiums Informa	tion:		
(Please round all amounts to the nearest dollar)	Non-Mining:	Mining:	Total:
ricarest denary	(2)	(3)	(4)
January 1, 2015 through June 30, 2015 (Earned Premiums)	,		. ,
,	\$	\$	\$
Claims Expenditure Inform	nation:		
(Please round all amounts to the nearest dollar)	Non-Mining:	Mining:	Total:
,	(5)	(6)	(7)
January 1, 2015 through June 30, 2015 (For injuries on or after 7/1/99)	\$	_ \$	\$
(8) Does this report include above?	all entities covered ur	nder the Certificate of Insurar	nce for the insurer liste
() YES	() NO	() N/A	
(9) Insurer's Federal Tax I.	D. Number:		
•			
Please complete and return this form No later than August 24 , 2015 to:		Compiled and approved on behalf of the above Insurer by:	
Division of Industrial Relations 1830 College Pkwy, Suite 100 Carson City, NV 89706 Attn: Dani Andersen		Insurer or Third Party Administrator	
Or at e-mail address dandersen@business.nv.gov		Signature	Date
		Name (Please type or prin	nt) Phone #
*Please see attached instruction	ns	Address	

City, State, ZIP